ACI .	sporto to a c	cond to a collection of information unless it displays a valid OMB control number. Complete if Known						
FEE TRANSMITTAL		Application Number			09/293,669			
for FY 2003	Filing	Filing Date			April 16, 1999			
Patent fees are subject to annual revision.	First N	First Named Inventor			nan, Brett J.	公		
Applicant claims small entity status. See 37 CFR 1.27	Exami	Examiner Name			D. Handy			
	Group	Group Art Unit		1744		0		
TOTAL AMOUNT OF PAYMENT (\$) 1550	Attorn	ey Docke	et No.	0185	64-002110US			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Check Credit Card MoneyOrder Other None		DITIONAL						
Deposit Account:	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid		
Account Number 20-1430	1051 1052	130 50		65 25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet.			
Deposit Townsond and Townsond and Crow LLB	1053	130	1053	130	Non-English specification			

METHOD OF PAYMENT (check all that apply)	<u> </u>			FEE CA	LCULATION (continued)	
Check Credit Card MoneyOrder Other None	3. ADD	ITIONAL	FEES I			
Deposit Account:	Large	Entity	Small E	ntity		
Deposit	Fee	Fee		Fee	Fee Description	Fee Paid
Account 20-1430	Code 1051	(\$) 130		(\$) 65	Surcharge - late filing fee or oath	Faiu
Number	1052	50		25	Surcharge - late provisional filing fee	
	1.002				or cover sheet.	}
Deposit Account Townsend and Townsend and Crew LLP	1053	130	1053	130	Non-English specification	
Name	1812	2,520	1812	2,520	For filing a request for reexamination	
The Commissioner is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application	1805	1,840*	1805	1,840*	Requesting publication of SIR after	
					Examiner action	
Charge fee(s) indicated below, except for the filing fee	1251	110		55	Extension for reply within first month	
o the above-identified deposit account. FEE CALCULATION	1252	400	2252	200	Extension for reply within second month	
I. BASIC FILING FEE	1253	920	2253	460	Extension for reply within third month Minus 1 mo. ext. mailed 11/4/02	810
arge Entity Small Entity	1254	1,440	2254	720	Extension for reply within fourth	
Fee Fee Fee Fee Description Code (\$) Fee Paid	1,055	4.000	2255	000	month	
(,,	1255	1,960	-	980	Extension for reply within fifth month	
001 740 2001 370 Utility filing fee	1401	320 320		160 160	Notice of Appeal	
002 330 2002 165 Design filing fee	1402 1403	280		140	Filing a brief in support of an appeal Request for oral hearing	
003 510 2003 255 Plant filing fee	1403	280	2403	140	Petition to institute a public use	
004 740 2004 370 Reissue filing fee 005 160 2005 80 Provisional filing fee	1451	1,510		1,510	proceeding	
	1452	110		55	Petition to revive – unavoidable	
SUBTOTAL (1)	1453	1,280		640	Petition to revive – unintentional	
EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,280		640	Utility issue fee (or reissue)	
	1502	460		230	Design issue fee	
Fees from Extra Claims below Fee Paid	1503	620	1	310	Plant issue fee	
Total Claims = X =	1460	130		130	Petitions to the Commissioner	
ndependent	1807	50	1807	50	Petitions related to provisional applications	
Claims = X	1806	180	1806	180	Submission of Information Disclosure Strnt	
Multiple Dependent Large Entity Small Entity	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
ee Fee Fee Fee Description	1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
202 18 2202 9 Claims in excess of 20	1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))	
201 84 2201 42 Independent claims in excess of 3 203 280 2203 140 Multiple dependent claim, if not paid	1801	740	2801	370	Request for Continued Examination	740
204 84 2204 42 "Reissue independent claims over original patent	1802	900	1802	900	(RCE) Request for expedited examination	
** Reissue claims in excess of 20	ر ا		1		of a design application	
and over onginal patent	Other fo	ee (specify	y)			
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Reduc	ed by Bas	sic Filing f	Fee Pai	d SUBTOTAL (3) (\$)1550	
	t					
SUBMITTED BY					Complete (if applicable)	
I I//						

Telephone 925-472-5000 Registration No. (Attorney/Agent) 39,381 Name (Print/Type) Joseph R. Snyder

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